

Application Data Sheet

Application Information

Application number::
Filing Date:: 07/31/03
Application Type:: Regular
Subject Matter:: Utility
Suggested classification::
Suggested Group Art Unit::
Sequence Submission::
Computer Readable Form (CRF)?::
Number of copies of CRF::
Title:: MULTI-FUNCTIONAL ANTIBODIES
Attorney Docket Number:: 02307O-130920US
Request for Early Publication:: No
Request for Non-Publication:: No
Suggested Drawing Figure::
Total Drawing Sheets:: 35
Small Entity?:: Yes
Latin name::
Variety denomination name::
Petition included?:: No
Petition Type::
Licensed US Govt. Agency::
Contract or Grant Numbers One::
Secrecy Order in Parent Appl.: No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US

Status:: Full Capacity
Given Name:: Claude
Middle Name:: F.
Family Name:: Meares
Name Suffix::
City of Residence:: Davis
State or Province of Residence:: CA
Country of Residence:: US
Street of Mailing Address:: 421 Encina Avenue
City of Mailing Address:: Davis
State or Province of mailing address:: CA
Country of mailing address::
Postal or Zip Code of mailing address:: 95616

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Todd
Middle Name:: M.
Family Name:: Corneillie
Name Suffix::
City of Residence:: Davis
State or Province of Residence:: CA
Country of Residence:: US
Street of Mailing Address:: 5231 Glide Drive
City of Mailing Address:: Davis
State or Province of mailing address:: CA
Country of mailing address::
Postal or Zip Code of mailing address:: 95616

Correspondence Information

Correspondence Customer Number:: 20350

Representative Information

Representative Customer Number:: 20350

Domestic Priority Information

Application:: Continuity Type:: Parent Application:: Parent Filing Date::
This application is a Continuation-in-part of 023070-130910US 07/22/03 (no
application number
from USPTO yet)

which is a Continuation-in-part of 10/350,555 01/23/03

Foreign Priority Information

Country:: Application number:: Filing Date::

Assignee Information

Assignee Name::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::